

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

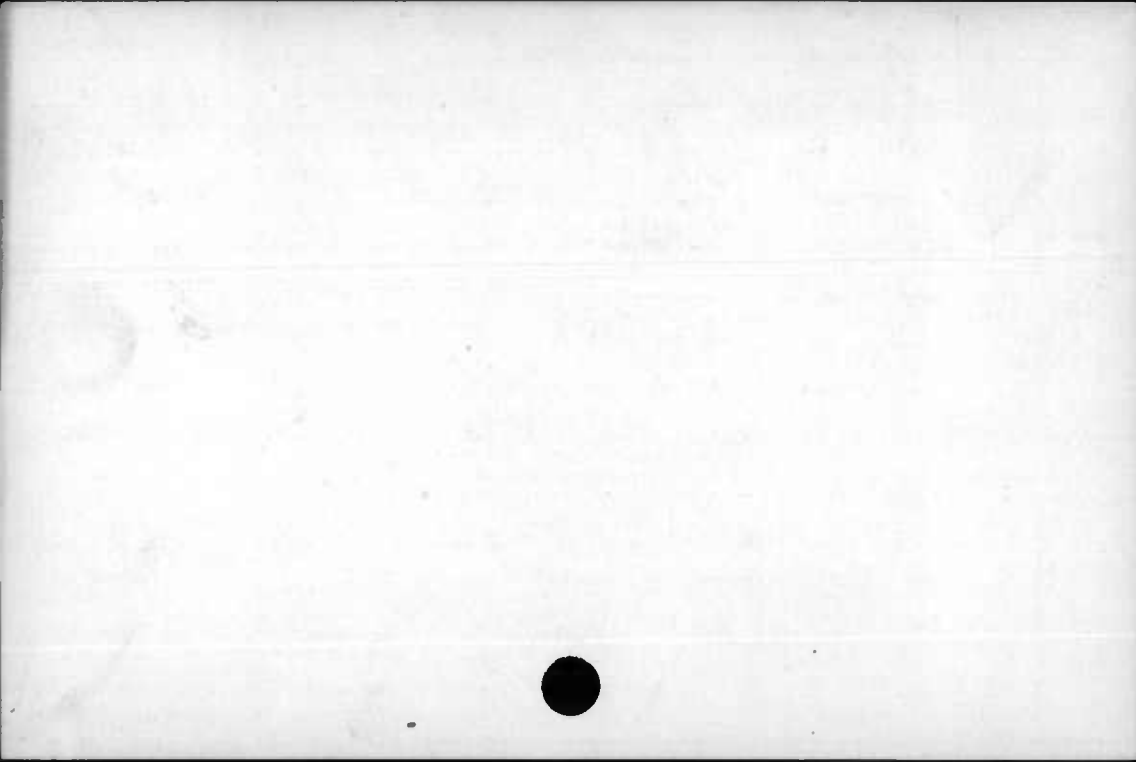
Died at <i>near Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND							
Date of death <i>1908</i>		Month <i>6</i>		Day <i>12</i>		Age <i>3</i>		Years <i>2</i>		Months <i>4</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>near Hagerstown</i>									
Occupation <i></i>				Where Residing if not at place of death <i></i>									
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i></i>									
Father's Name <i>John W. Bailey</i>				Father's Birthplace <i>Virginia</i>									
Mother's Maiden Name <i>Clara Hamburg</i>				Mother's Birthplace <i>Ind. C. Ind.</i>									
Name of person giving information <i>Mrs. John Bailey</i>				How related to deceased <i>Mother</i>									

## CAUSES OF DEATH

146

PHYSICIAN  
OR CORONER

Primary <i>Osteomyelitis of Fibula</i>		How long <i>3 days</i>	
Immediate <i>Septicaemia</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>V. M. Reichard</i>	
		Address <i>Fairplay.</i>	
Accident or Suicide? <i></i>			



Name  
In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

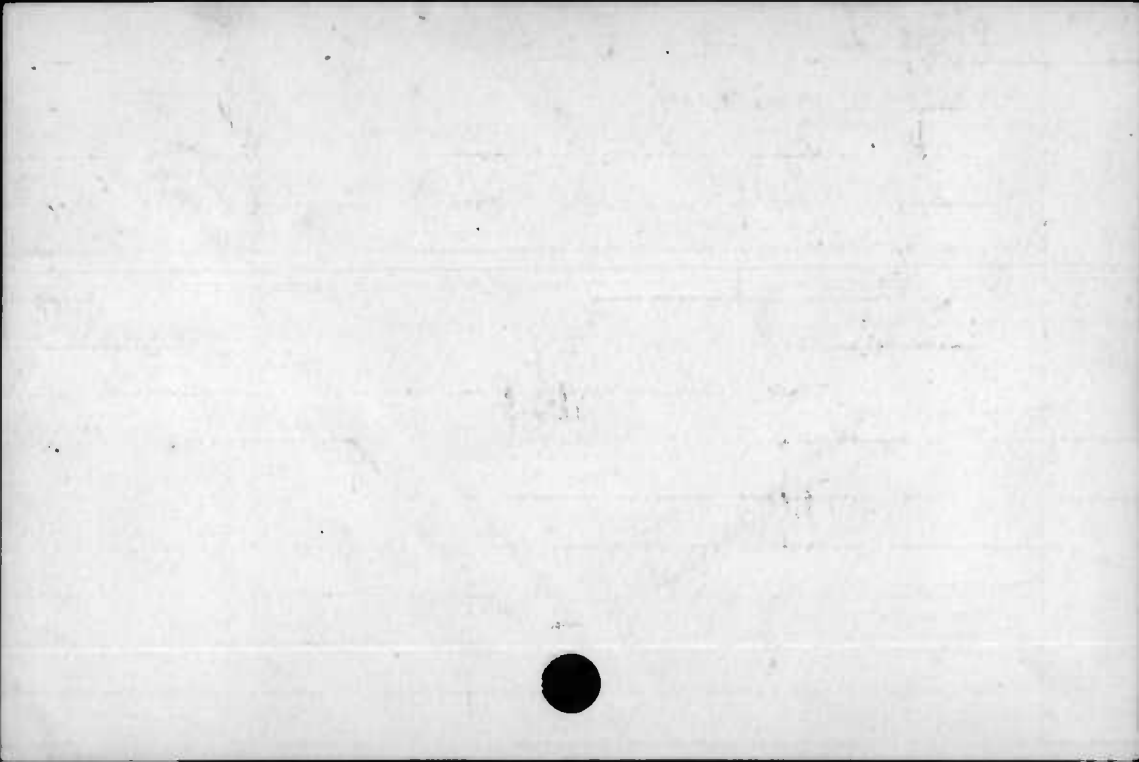
Name Miss Joanna C. Beck		Town Hagerstown		County Wash		MARYLAND	
Died at		Month 6		Day 28		Age 70	
Date of death 1906		Months 6		Years 16		Days	
Sex Female		Color or Race white		Birth-place Md.			
Occupation Seamstress		Where Residing if not at place of death					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name John Beck		Father's Birthplace Md.					
Mother's Maiden Name Ann Shupp		Mother's Birthplace Md.					
Name of person giving information Anna C. Beck		How related to deceased niece					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Bright's disease		How long 3 yrs	
Immediate Exhaustion		How long No time	
Are the name, age, sex, color, date and place correctly given above? ya -		Signature of Physician E. M. McLean	
		Address Hagerstown Md	
Accident or Suicide?			



Name in Full		Daisy A. Bender				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Sharpsburg</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
		Date of death <u>1908</u> <small>Month</small> <u>June</u> <small>Day</small> <u>18</u> <small>Age</small> <u>      </u> <small>Years</small> <u>      </u> <small>Months</small> <u>4</u> <small>Days</small> <u>28</u>					
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Sharpsburg, Md</u>	
		Occupation <u>none</u>		Where Residing if not at place of death <u>      </u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>      </u>			
PHYSICIAN OR CORONER		Father's Name <u>Raleigh Bender</u>		Father's Birthplace <u>Sharpsburg, Md</u>			
		Mother's Maiden Name <u>Bessie Grover</u>		Mother's Birthplace <u>" "</u>			
		Name of person giving information <u>Bessie Bender</u>		How related to deceased <u>Mother</u>			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Whooping Cough</u>		How long <u>About 2 wks.</u>			
		Immediate <u>      </u>		How long <u>      </u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. M. Gurnett</u>			
				Address <u>Sharpsburg, Md.</u>			
		Accident or Suicide? <u>      </u>					

Chas. S. Wade  
undertaker

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

unnamed Child of Wm Boward

Town Hagerstown County Washington

MARYLAND

Died at Date of death 1908 Month 6 Day 16 Age Years Months Days

Sex Female Color or Race White Birth-place Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Wm Boward Father's Birthplace Md

Mother's Maiden Name Edith Garlock Mother's Birthplace Md

Name of person giving information Wm Boward How related to deceased Father

CAUSES OF DEATH

(S)

PHYSICIAN  
OR CORONER

Primary Still Born Immediste How long How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician S W Hurst

Address Hagerstown Md

Accident or Suicide?

W

2765



Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1908		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	About a week
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yrs		G. H. Cartman	
		Address	
		Sharpsburg Md.	
Accident or Suicide?			

L E Luman & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

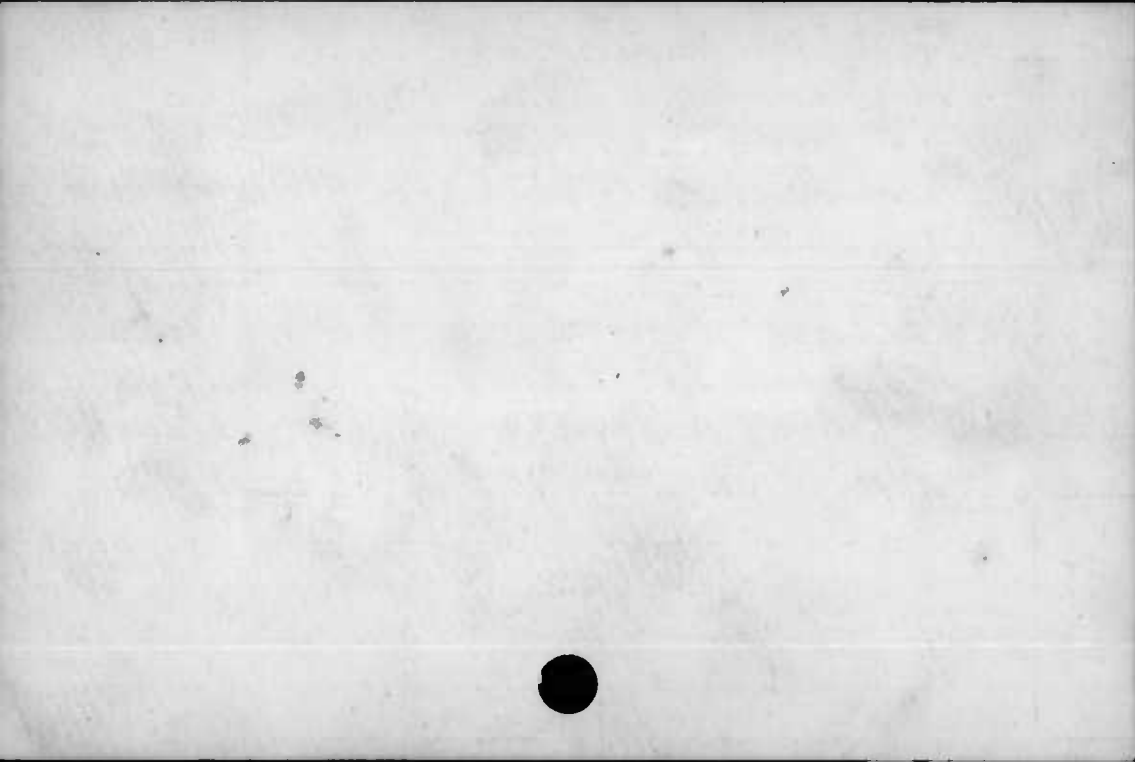
Died at <i>Bellmore</i>		Town <i>Briggs</i>		County <i>Maryland</i>		MAYLAND	
Date of death <i>1908</i>		Month <i>June</i>		Day <i>4</i>		Age <i>83</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland.</i>			
Occupation <i>Labor.</i>				Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Not Known</i>		Father's Birthplace _____				_____	
Mother's Maiden Name <i>" "</i>		Mother's Birthplace _____				_____	
Name of person giving information <i>S. Summers.</i>		How related to deceased _____				_____	

## CAUSES OF DEATH

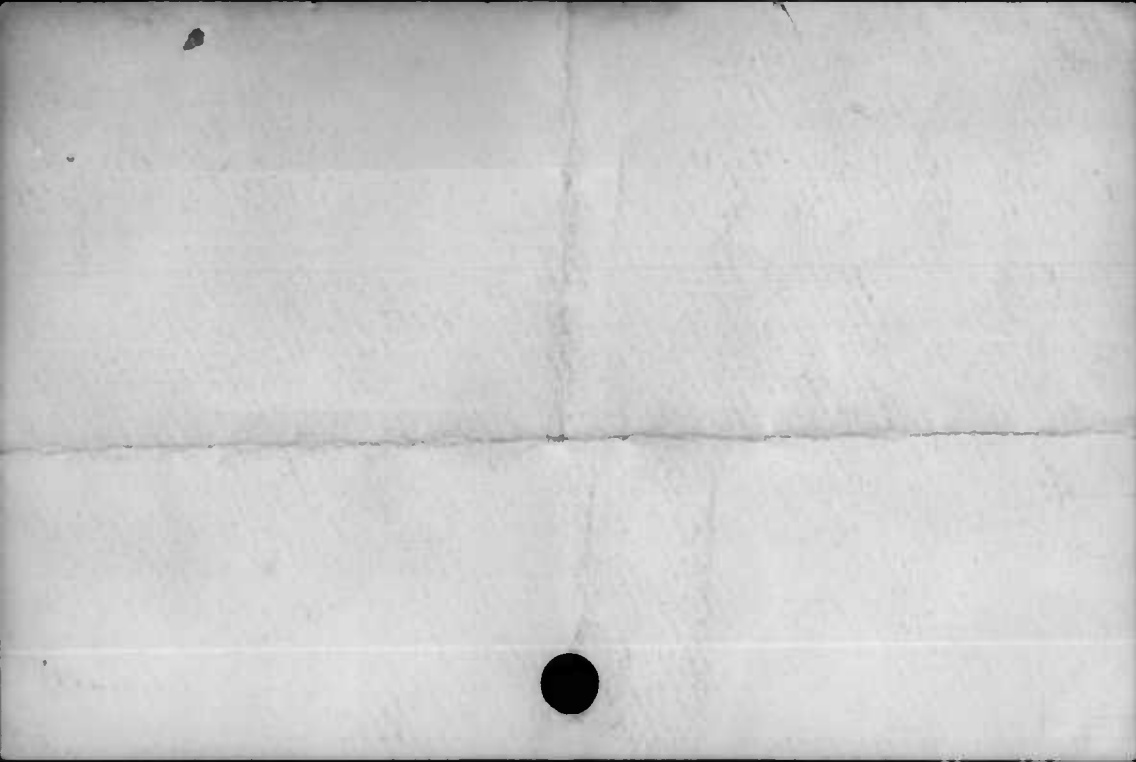
154

PHYSICIAN  
OR CORONER

Primary <i>Debility of Cause</i>	How long _____
Immediate <i>of Cause</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Wutz</i>
	Address <i>Hagerstown - Md.</i>
Accident or Suicide? _____	



Name In Full		Mary Margaret Breuden				CERTIFICATE OF DEATH	
		Town Bakerton		County Jeff Co		Med-Va. MARYLAND	
Died at							
Date of death		1908	Month June	Day 18	Age 62	Years no	Months 4
Sex Female		Color or Race White		Birth-place Frederick Co Md			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband James M. Breuden					
Father's Name Daniel Baker		Father's Birthplace Md					
Mother's Maiden Name Elizabeth Steppif		Mother's Birthplace Wash Co Md					
Name of person giving information James M. Breuden		How related to deceased Husband					
CAUSES OF DEATH							
Primary Bright's disease		How long about 3 years					
Immediate Uremia		How long 24 hours					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. M. Phillips					
		Address Harpis Ferry Md-Va.					
Accident or Suicide? .							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamport</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>June</i> <sup>Month</sup>	<i>26</i> <sup>Day</sup>	<i>77</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Winchester Va</i>			
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Geo W. Brownell</i>				
Father's Name <i>Lewis Imbody</i>	Father's Birthplace <i>Winchester Va</i>		Mother's Birthplace <i>Richmond Va</i>		
Mother's Maiden Name <i>Susana D. White</i>	Name of person giving information <i>Mary S. Myers</i>		How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>3 years</i>
Immediate <i>Asthenia</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Ernest A. Gaither</i>
	Address <i>Williamport Md.</i>
Accident or Suicide?	

J. P. Kreps.  
Williamsport  
Md



Name  
in  
Full

Helen V. Cunningham

## CERTIFICATE OF DEATH

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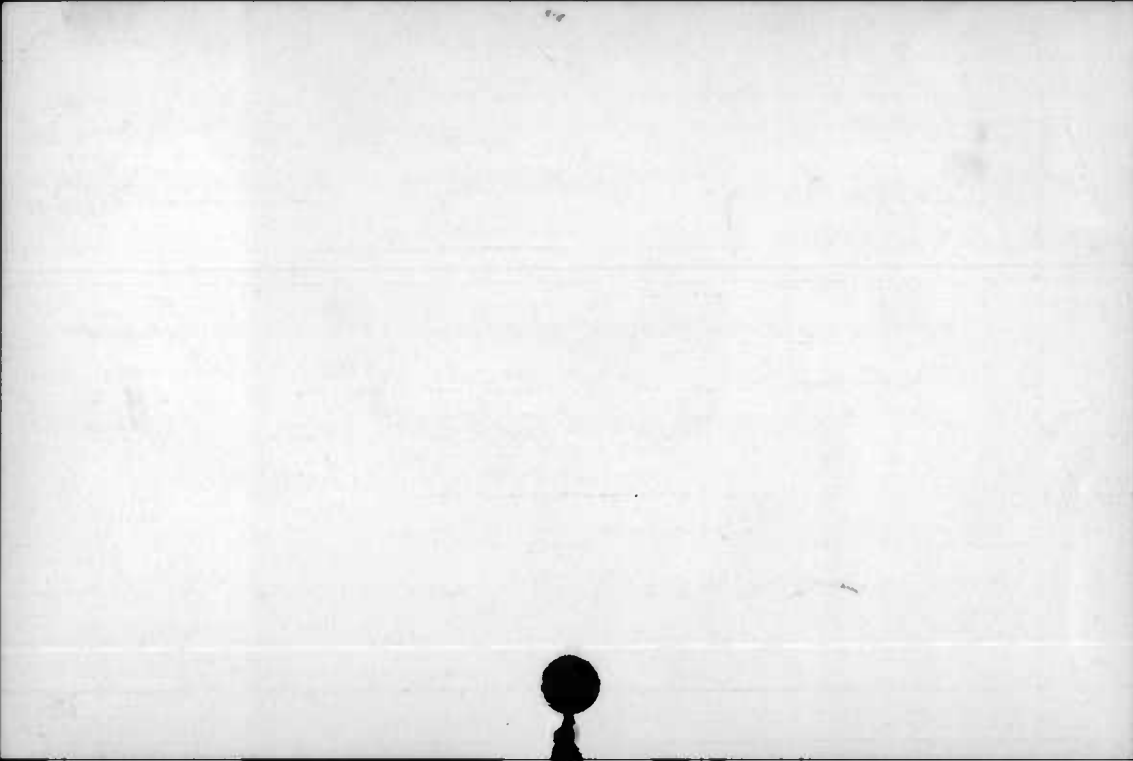
Died at <i>Mill Point</i>		Town <i>Thurington</i>		County		MARYLAND	
Date of death <i>1908 June 6</i>		Month <i>June</i>		Day <i>6</i>		Age <i>45</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Months <i>6</i>		Days <i>7</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Mill Point</i>		Birth-place <i>Brownboro, Md</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David C. Cunningham</i>		Father's Name <i>Thomas J. Lynch</i>		Father's Birthplace <i>Virginia</i>	
Mother's Maiden Name <i>Mary Joy</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>David C. Cunningham</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Apoplexy</i>	How long	<i>Sudden</i>
Immediate	<i>Demorrhage &amp; Throat</i>	How long	<i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Robert M. M. M.</i>	
		Address <i>Brownboro, Maryland.</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

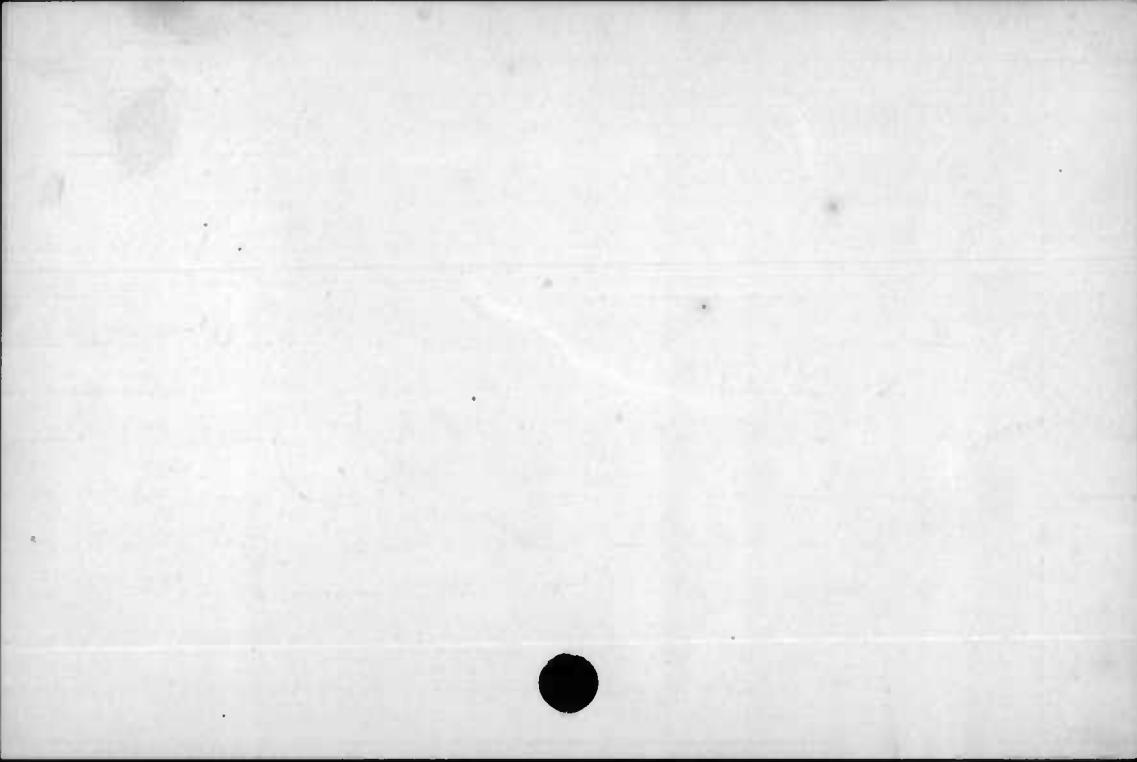
Died at <i>Hagerstown</i> Town		<i>Wash.</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>6</i>	Day <i>9</i>	Age <i>55</i>	Months — Days —
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Ohio.</i>		
Occupation <i>N. W.</i>	Where Residing if not at place of death —				
Married, Single or Widowed <i>widow</i>	Name of <del>Wife or</del> Husband <i>John C. Dallam</i>				
Father's Name <i>Daniel Durburrow</i>	Father's Birthplace <i>Ohio</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace —				
Name of person giving information <i>Mrs. Herbert Good</i>	How related to deceased <i>daughter</i>				

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Uterus &amp; vagina</i>	How long <i>Six months</i>
Immediate <i>Heart Failure &amp; Exhaustion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Daniel A. Watkins</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	



Name  
in  
Full

Unnamed Child of Elmer & Hannah Detrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Wash.</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>6</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u>      </u> <small>Years</small>	<u>      </u> <small>Months</small>	<u>1</u> <small>Days</small>
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Md.</u>	
Occupation <u>      </u>			Where Residing if not at place of death <u>      </u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>Elmer Detrick</u>		Father's Birthplace <u>Penna</u>			
Mother's Maiden Name <u>Hannah Brandenburg</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>Elmer Detrick</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

152

PHYSICIAN  
OR CORONER

Primary <u>Asphyxia Neonatorum</u>	How long <u>6 hrs.</u>
Immediate <u>Prolonged Labor</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. Jackson Miller</u>
	Address <u>Hagerstown Md</u>
Accident or Suicide? <u>      </u>	

B. M. Lutter Star

Name  
in  
Full

Emma J. Dittor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

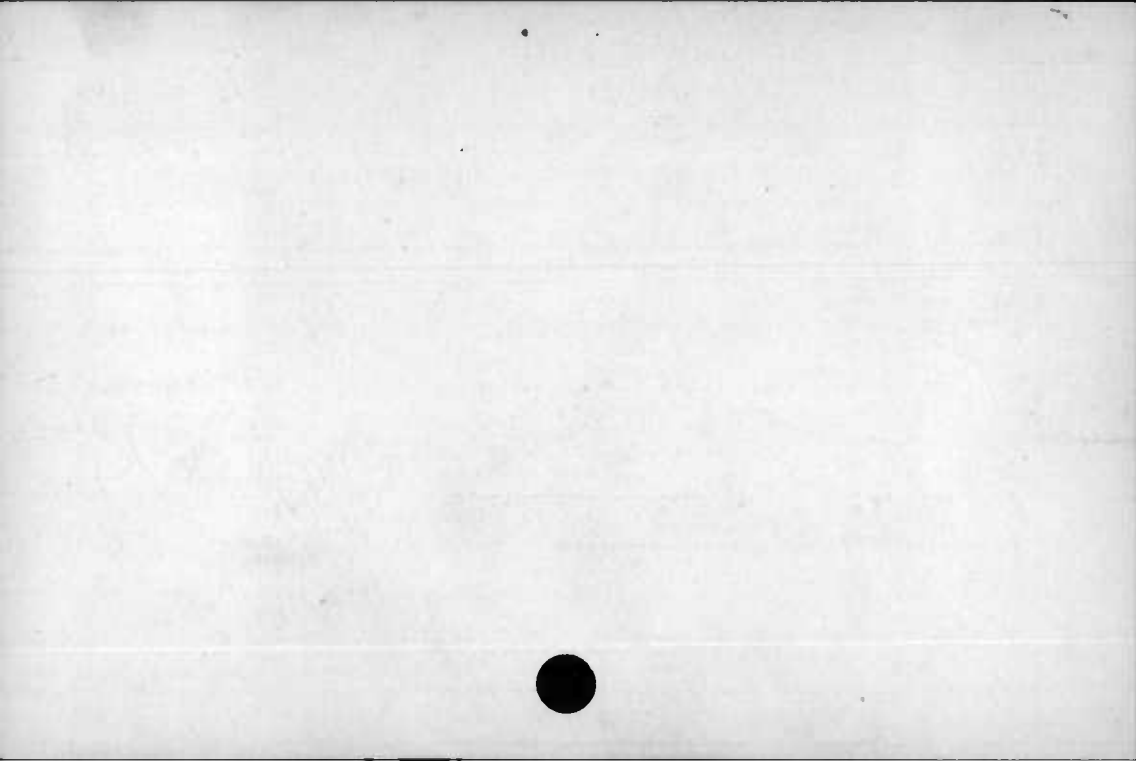
Died at <i>Luthsburg</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>6</i>	Day <i>19</i>	Age <i>50</i> <small>Years</small>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wilson</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Luthsburg</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emma J. Dittor</i>				
Father's Name <i>Daniel Dittor</i>	Father's Birthplace <i>Po.</i>				
Mother's Maiden Name <i>Mary Windfield</i>	Mother's Birthplace <i>St James</i> <sup>Ind</sup>				
Name of person giving information <i>John H. Dittor</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

54

PHYSICIAN  
OR CORONER

Primary <i>Anemia</i>	How long <i>Three years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Wishard</i>
	Address <i>Luthsburg Md.</i>
Accident or Suicide?	





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

UnNamed child of Adam &amp; Cora Eshelman

## CERTIFICATE OF DEATH

MARYLAND

Died at Reed P.O. Wash Co

Tcwn County Wash -

Date of death 1908

Month 6

Day 30

Age

Years

Months

Days

Sex Male

Color or Race White American

Birth-place Reed, Wash Co.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Adam B. Eshelman

Father's Birthplace Wash Co. Md

Mother's Maiden Name Cora Grovz

Mother's Birthplace Frank. Co. Pa

Name of person giving information Jacob Eshelman

How related to deceased Grandfather

## CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

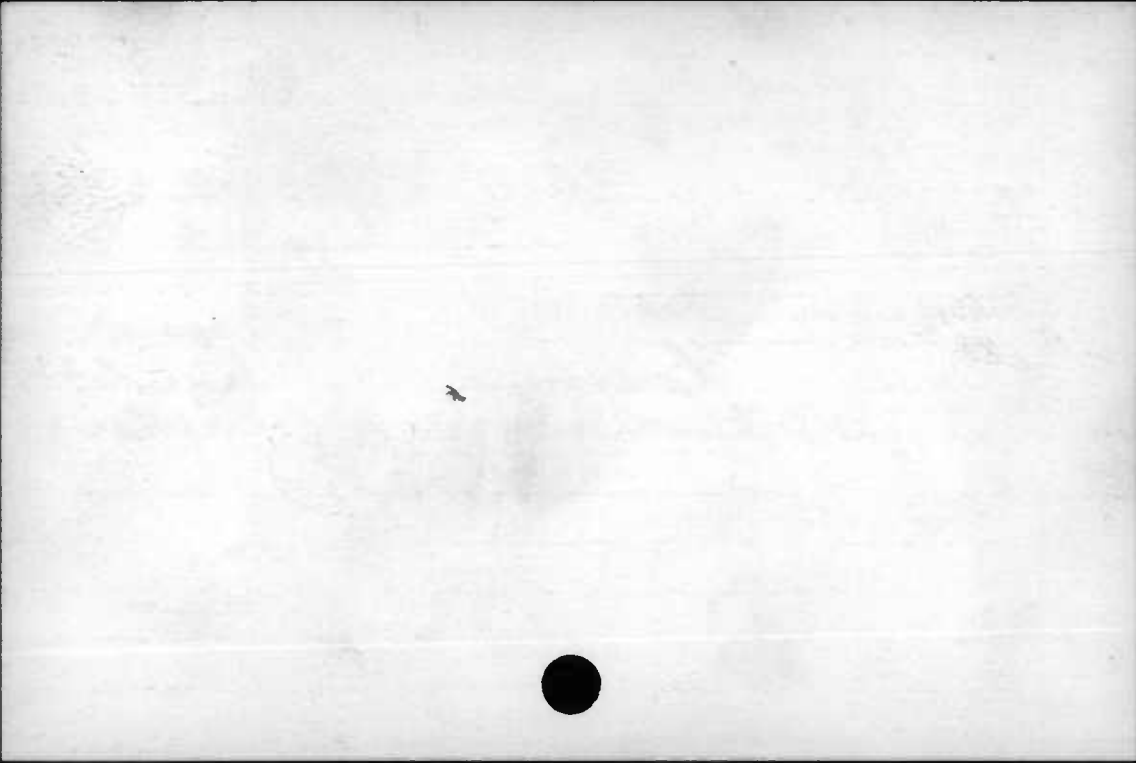
D.C. R. Miller

Address

Shaver-Dixon Pa.

Accident or Suicide?

no



Name  
in  
Full

Lester Hollis Hunkhouser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Big Port* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death *1908 June* <sup>Month</sup> *6* <sup>Day</sup> Age *Six* <sup>Years</sup> *17* <sup>Months</sup> <sup>Days</sup>

Sex *male* Color or Race *white* Birth-place *MD*

Occupation \_\_\_\_\_ Where Residing if not at place of death *Big Port*

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Newton E Hunkhouser* Father's Birthplace *Frederick Co Md*

Mother's Maiden Name *Mary E Looman* Mother's Birthplace *Burgan Co W Va*

Name of person giving information *N. D. Hunkhouser* How related to deceased *Father*

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary *Acute Indigestion* How long *A few hours*

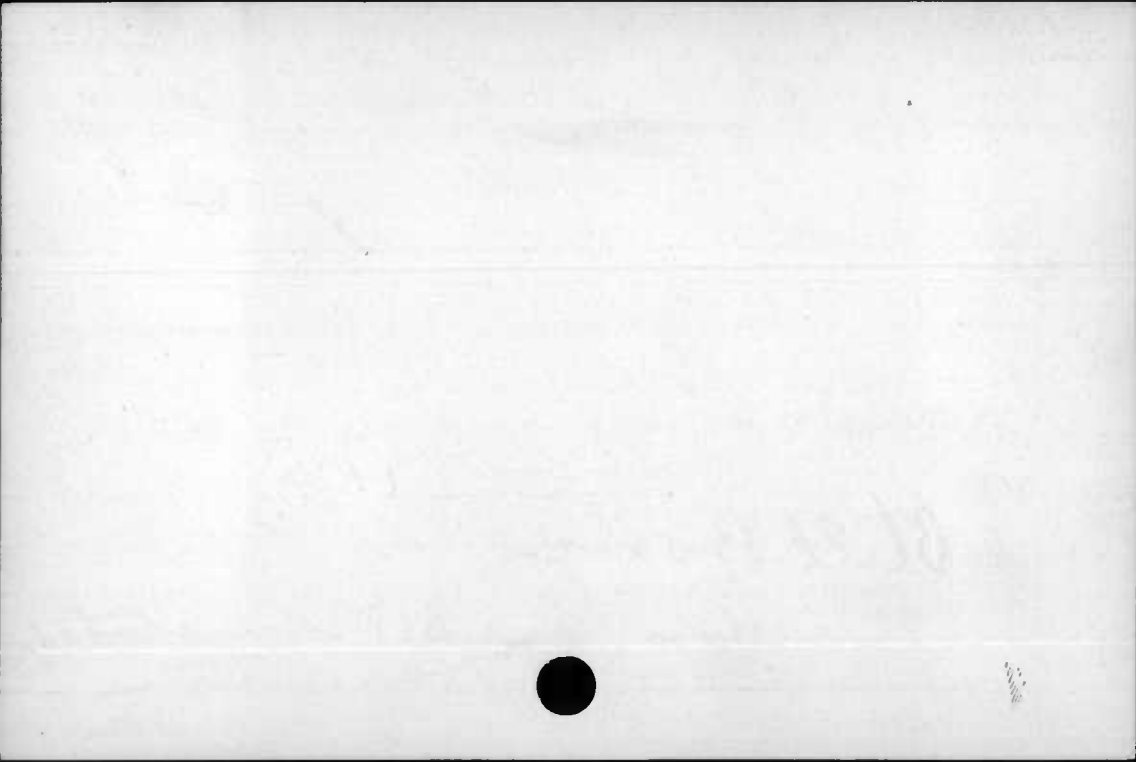
Immediate *Heart Failure* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *J. P. Perry*

Address *Clearspring, Ind*

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Henry Forsythe</i>		Town <i>Indian Spring</i>		County <i>Washington</i>		MAYLAND	
Died at <i>Indian Spring</i>		Month <i>6</i>		Day <i>24</i>		Years <i>76</i>	
Date of death <i>1908</i>		Month <i>6</i>		Day <i>24</i>		Age <i>76</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Indian Spring</i>		Months _____	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Indian Spring</i>		Days _____		_____	
<del>Married, Single or Widowed</del>		Name of Wife or Husband <i>Mary A. Forsythe</i>		Father's Name <i>John Forsythe</i>		Father's Birthplace <i>Indian Spring</i>	
Mother's Maiden Name <i>Maria Hinkle</i>		Name of person giving information <i>Arthur Forsythe</i>		Mother's Birthplace <i>Indian Spring</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>Six months</i>
Immediate <i>Exhaustion</i>	How long <i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
	Address <i>Clear Spring Washington County</i>
Accident or Suicide <i>✓</i>	



Name  
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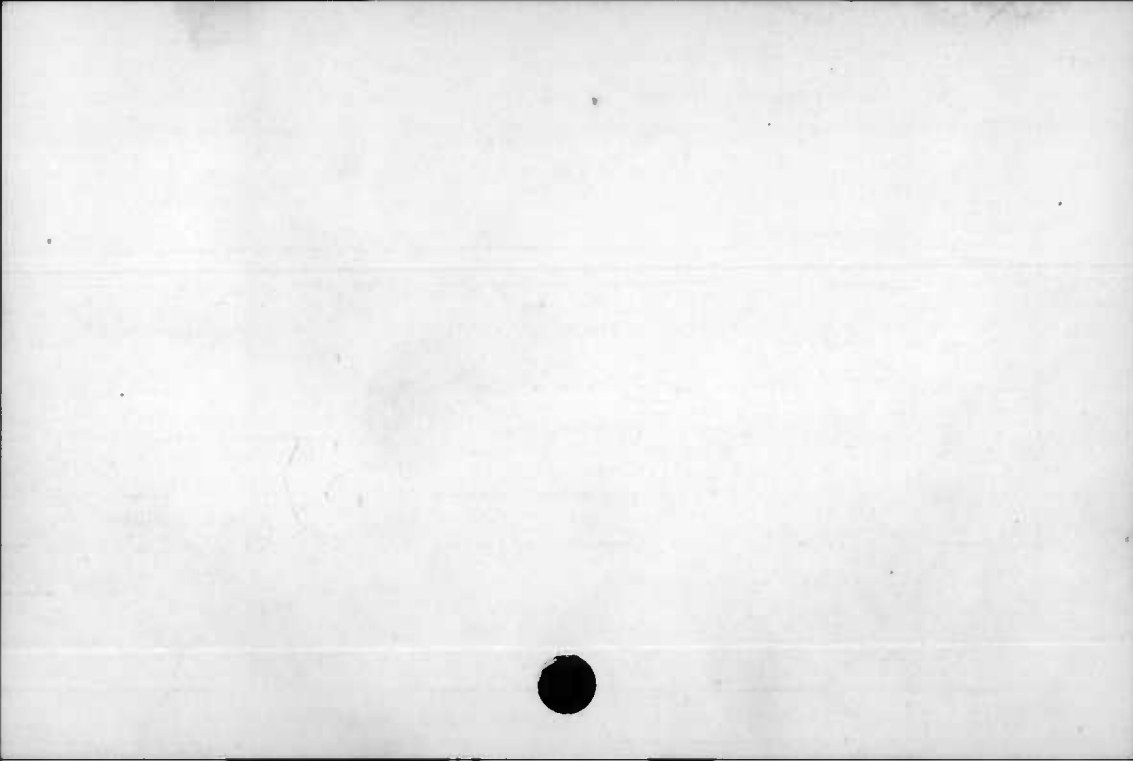
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>6</i>		Day <i>11</i>		Age <i>Years</i> <i>Months</i> <i>Days</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Ralph Funkhouser</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Elizabeth H. Baker</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Ralph Funkhouser</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long	<i>(5)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. L. W. Linstedt</i>	
		Address <i>Hagerstown MD</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup> <i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	6
Day	28	Age	59
Sex	Male	Color or Race	Colored
Occupation	Laborer	Birth-place	Md
Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Rageous Galloway	Father's Birthplace	Md
Mother's Maiden Name	Sarah Cole	Mother's Birthplace	Md
Name of person giving information	Henry Galloway	How related to deceased	Brother

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Bright's Disease	How long	4 mo.
Immediate	Cardiac Collapse	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. B. Wilson M.D.
		Address	159 1/2 N. Jonathan St.
Accident or Suicide?	no.		Hagerstown Md.

Cyprus  
Re Hal

Name  
in  
Full

Elizabeth E Wetzel Gantz

CERTIFICATE OF DEATH

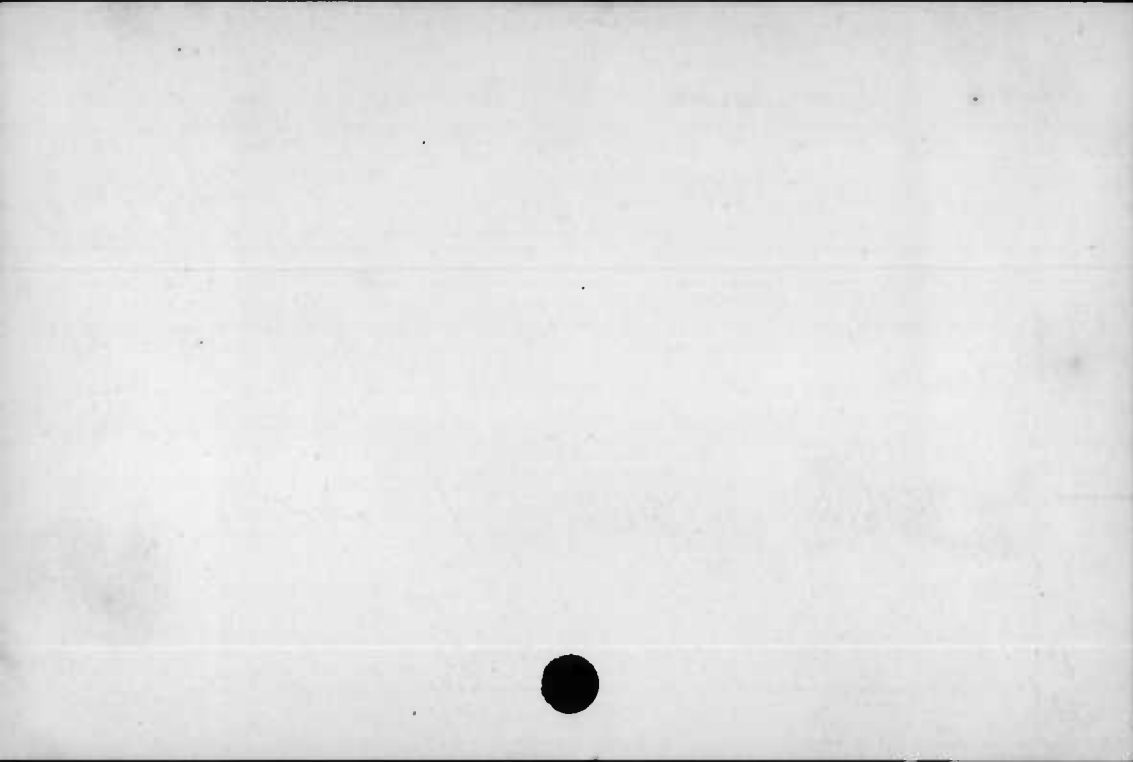
Died at <i>Ringbold</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>June</i>	Day <i>7</i>	Age <i>51</i>	Years <i>8</i> Months <i>8</i> Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Penna.</i>		
Occupation <i>House</i>	Where Residing if not at place of death <i>Ringbold Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth E Wetzel</i>				
Father's Name <i>Jacob Wetzel</i>	Father's Birthplace <i>Penna.</i>				
Mother's Maiden Name <i>Calharine Keefe</i>	Mother's Birthplace <i>Penna.</i>				
Name of person giving information <i>Jacob Gantz</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

93

Primary <i>Pneumonia, &amp; abscess of lung</i>	How long <i>3 weeks</i>
Immediate <i>Cerebral paralysis</i>	How long <i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William O. Schuch</i>
	Address <i>Waynesboro Pa</i>
Accident or Suicide?	

TO BE ANSWERED BY  
• NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wagerstown</i>		Town		County <i>Wash.</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>6</i>	Day <i>25</i>	Age <i>73</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>					
Occupation <i>Retired Farmer</i>	Where Residing if not at place of death <i>Smithsburg, Md.</i>						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband						
Father's Name <i>Joseph Garver</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>Ann R. Holmes</i>	Mother's Birthplace <i>"</i>						
Name of parson giving information <i>J. Ed. Garver</i>	How related to deceased <i>nephew</i>						

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>few minutes</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. Warrham</i>
	Address <i>164 N. W. Ave.</i>
Accident or Suicide? <i>no</i>	

<sup>s</sup>  
Smithburg Md.

Name  
in  
Full

Manzulla Griffith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sharpsburg</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>6</i>	Day <i>4</i>	Age <i>5-9</i>	Months <i>2</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Locust Grove</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Sharpsburg</i>			
Married, <del>Single</del> or Widowed		Name of Wife or Husband <i>Elias Griffith</i>			
Father's Name <i>Issiah Gross</i>		Father's Birthplace <i>Ind Co</i>			
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>Don't Know</i>			
Name of person giving information <i>Elias Griffith</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	<i>Cancer Uterus</i>	How long	<i>About a year</i>
Immediate	<i>Exhaustion</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>O. H. Lawrence</i>	
		Address <i>Sharpsburg Md</i>	
Accident or Suicide?			

P

L E Sumner & Son  
Mt Briar

Sunday, 7<sup>th</sup>  
1908



Name  
in  
Full

Paul R. 1 Sep 1909

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Hagerstown

Washington

Date

1909

Month

6

Day

24

Age

Years

2

Months

8

Days

24

Sex

Male

Color or  
Race

White

Birth-  
place

MD

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Harry Hepper

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Hedra Brummel

Mother's  
Birthplace

Pa

Name of person giving  
In formation

Heose Brummel

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Diphtheria

How long

10 days

Immediate

How long

..

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. B. Miller

Address

Hagerstown Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

W  
Broadfording

Name  
In  
Full

Charles M. Stuyre

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

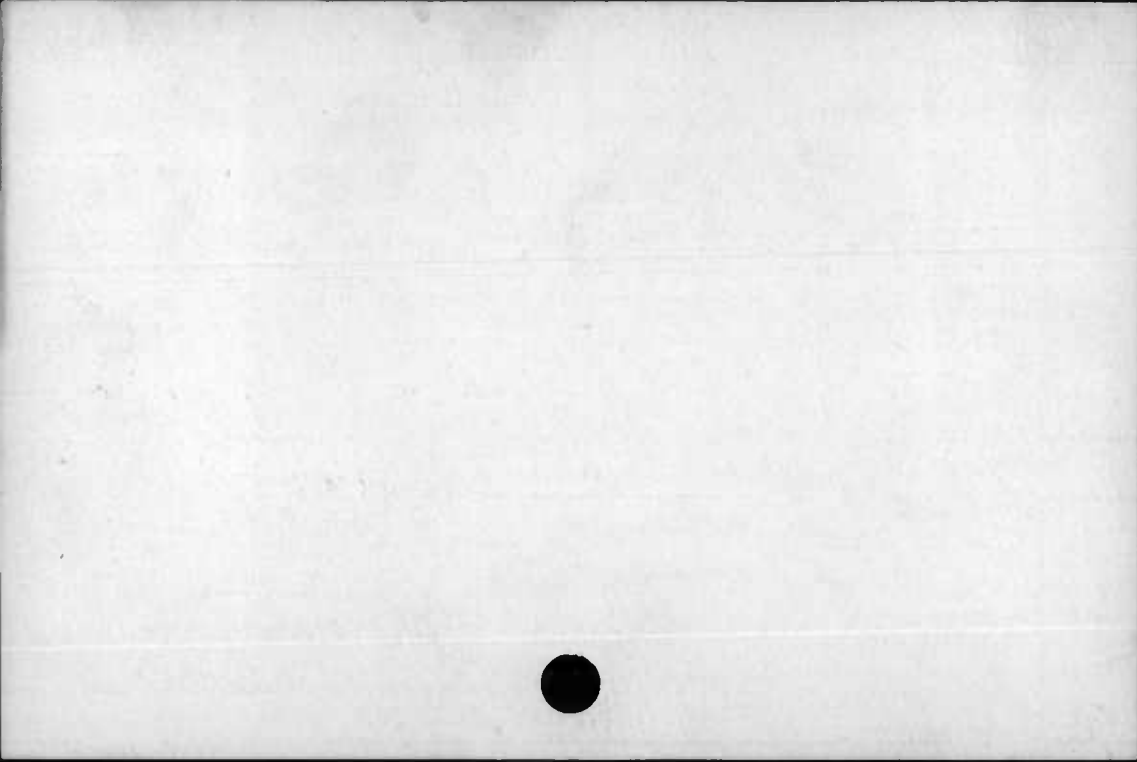
Died at <u>Beaver Creek</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>June</u> <sup>Day</sup> <u>9</u>		Age <u>1</u> <sup>Years</sup>		Months <u>14</u> <sup>Days</sup>	
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Maryland</u>	
Occupation <u>home</u>		Where Residing if not at place of death <u>Beaver Creek</u>			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Charles Stuyre</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Anna Stuffer</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Charles Stuyre</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

143

PHYSICIAN  
OR CORONER

Primary <u>Pyrimenop.</u>	How long <u>5 days</u>
Immediate <u>Septicemia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. T. Smith</u>
	Address <u>Brownboro Md.</u>
Accident or Suicide?	



Name  
in  
Full

Edna Pearl Iger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Greencastle</i>		Town <i>Franklin</i>		County <i>Franklin</i>		MARYLAND	
Date of death	1908	Month	June	Day	24	Age	7
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Franklin Co Pa</i>		Months	4
Occupation <i>Child</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband					
Father's Name <i>John C. Iger</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Emma Grace Iger</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>John C. Iger</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Obstruction of Bowels</i>	How long	<i>6 hours</i>
Immediate	<i>Gut Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. F. Nowell</i>	
		Address <i>Greencastle Pa</i>	
Accident or Suicide?			

W. S. Detrich  
underwater

Middleburg

Name  
in  
Full

Alice Teresa Kershner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

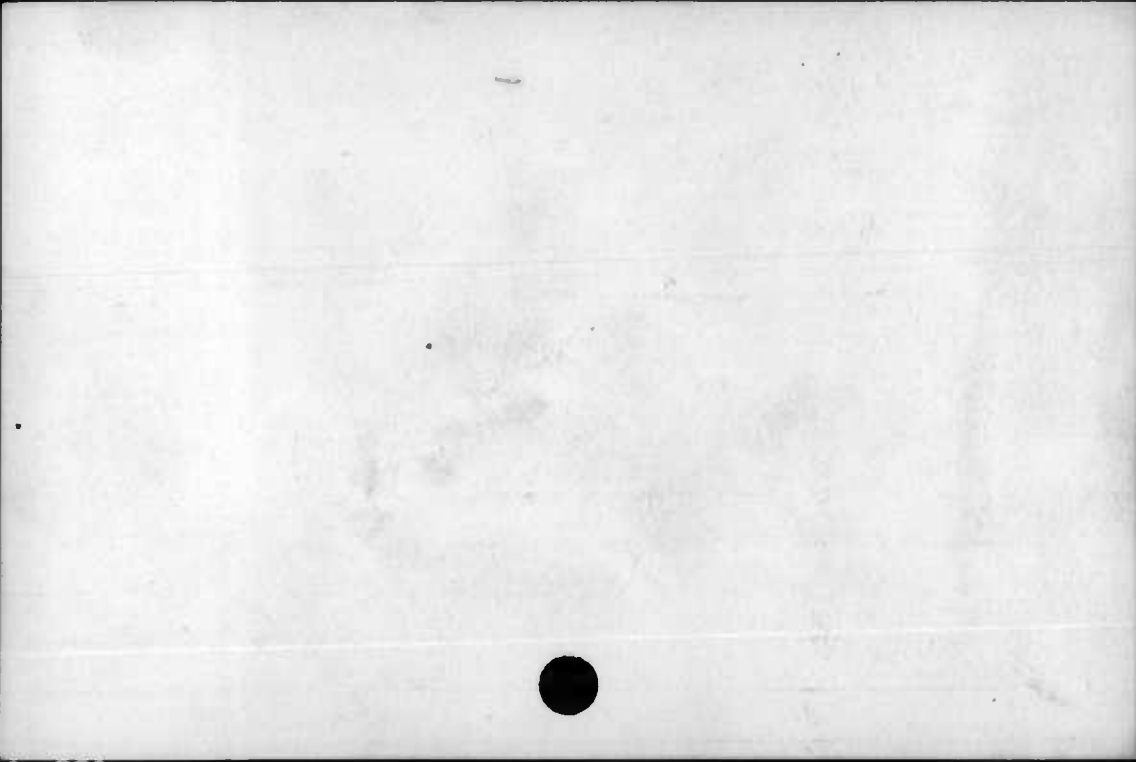
Died at <sup>Town</sup> <i>Hagerstown</i> <sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death <i>1908</i>	<sup>Month</sup> <i>June</i>	<sup>Day</sup> <i>19th</i>	<sup>Years</sup> <i>15</i>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Berkley Co W Va</i>
Occupation _____		Where Residing if not at place of death _____	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____		
Father's Name <i>Chas E Kershner</i>	Father's Birthplace <i>Berkley Co W Va</i>		
Mother's Maiden Name <i>Catharine James</i>	Mother's Birthplace <i>Waco Co Md</i>		
Name of person giving information <i>Chas E Kershner</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

48

PHYSICIAN  
OR CORONER

Primary <i>Phumonia</i>	How long <i>Several years</i>
Immediate <i>Endocarditis</i>	How long " "
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. P. Miller</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *John Lane*

Town *Hagerstown* County *Washington*

Died at *Hagerstown*

Date of death *1908* Month *6* Day *10* Age *74* Years Months *—* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *MD*

Occupation *Trucker* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Katherine Lane*

Father's Name *John Lane* Father's Birthplace *MD*

Mother's Maiden Name *Sallie Doup* Mother's Birthplace *MD*

Name of person giving information *Catharine Lane* How related to deceased *Wife*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Nephritis* How long *Years*

Immediate *Pneumonia* How long *4 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. H. Miller*

Address *Hagerstown MD*

Accident or Suicide? *—*

Dr Miller, O'Donovan

Rose Hill

Name in Full		Certificate of Death			
Samuel Milton McCaffery		Town Big Pool		County Washington	
		MARYLAND			
Died at		Date of death		Age	
		1908 June 2		32	
Sex		Color or Race		Birth-place	
Male		white		Maryland	
Occupation		Where Residing if not at place of death			
Laborer		Big Pool			
Married, Single or Widowed		Name of Wife or Husband			
single					
Father's Name		Father's Birthplace			
John McCaffery		Maryland			
Mother's Maiden Name		Mother's Birthplace			
Kathleen Reed		Maryland			
Name of person giving information		How related to deceased			
Rebecca Kauffman		Sister-in-law			
CAUSES OF DEATH					
Primary		Pulmonary Phthisis		How long	
		Pulmonary Hemorrhage		Unknown	
Immediate		Pulmonary Hemorrhage		How long	
				2 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		J. D. Perry			
		Address			
		E. E. Springs			
		Md.			
Accident or Suicide?					

32.

33 the 15<sup>th</sup> July

Name in Full		Mrs Margaret Mobley				CERTIFICATE OF DEATH	
Town		Wash				MARYLAND	
Died		Month		Day		Years	
Date of death		1908		6		22	
Age		85		Months		3	
Sex		Female		Color or Race		White	
Occupation		none		Birth-place		Martinsburg	
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Peter Bockey				Father's Birthplace	
Mother's Maiden Name		not known				Mother's Birthplace	
Name of person giving information		Margaret Hahn				How related to deceased	
		CAUSES OF DEATH				154	
Primary		Old age				How long	
Immediate		Heart Failure				How long	
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician	
						Address	
						Maryland	
Accident or Suicide?							

L E Sumard & Son

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full		Stillborn child of Thos. & Lillian Montgomery				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		190	Month	Day	Age	Years	Months
Sex		male		Color or Race		white	
Occupation				Where Residing if not at place of death		Md.	
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Thos. O. Montgomery		Father's Birthplace		Md.	
Mother's Maiden Name		Lillian E. Acton		Mother's Birthplace		D. of C.	
Name of person giving information		W. O. Montgomery		How related to deceased		father	
CAUSES OF DEATH							
Primary		X		How long		X	
Immediate				How long		1/2 hour	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. B. [unclear]	
				Address		Hagerstown	
Accident or Suicide?							

Amber



Name  
in  
Full

Portia Beatrice Mayle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hellenbrook		County Washington		MARYLAND	
Date of death		1908	Month June	Day 14	Age 5	Years 3	Months 24
Sex Female		Color or Race Colored		Birth-place Phillips W Va			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Malcolm W Mayle		Father's Birthplace Phillips W Va					
Mother's Maiden Name Lilly E Dalton		Mother's Birthplace Carter Ohio					
Name of person giving information H. W. Mayle		How related to deceased Father					

## CAUSES OF DEATH

7

PHYSICIAN  
OR CORONER

Primary	Scarlet Fever	How long	16 days
Immediate	Meningitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Ernest N. Gaither	
Address		Hellenbrook W. Va.	
Accident or Suicide?			

Feb 18 - 1902

10  
14  
24  
J. F. Kees  
Undertaker  
Williamport  
Ma

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND							
Date of death	1908	Month	6	Day	2	Age	21	Months	7	Days	
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Penna.</i>				
Occupation	<i>Electrician</i>			Where Residing if not at place of death							
Married, Single or Widowed	<i>single</i>			Name of Wife or Husband							
Father's Name	<i>John H. McCurdy</i>					Father's Birthplace	<i>Indiana</i>				
Mother's Maiden Name	<i>Mary Ellen Hoover</i>					Mother's Birthplace	<i>Penna.</i>				
Name of person giving information	<i>J. H. McCurdy</i>					How related to deceased	<i>father.</i>				

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary	<i>Lymph. Sarcoma</i>	How long	<i>4 mos</i>
Immediate	<i>Expansion</i>	How long	<i>✓</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. P. Mullen</i>	
		Address	
		<i>Hagerstown Md</i>	
Accident or Suicide?			

G. W. Lunt & Son

0-70-10

Name in Full <b>Jacob H Mullendor</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Rohersville</b> <sup>Town</sup>	<b>Wash</b> <sup>County</sup>	MARYLAND
	Date of death <b>1908</b> <sup>Month</sup> <b>6</b> <sup>Day</sup> <b>26</b>	Age <b>34</b> <sup>Years</sup>	<b>5</b> <sup>Months</sup> <b>12</b> <sup>Days</sup>
	Sex <b>M</b>	Color or Race <b>W</b>	Birth-place <b>Rohersville Md</b>
	Occupation <b>Labrer</b>	Where Residing if not at place of death	
	Married, <del>Single</del> <b>Widowed</b>	Name of Wife or Husband <b>Bessie Jackson</b>	
	Father's Name <b>Jacob H Mullendor</b>	Father's Birthplace <b>Rohersville</b>	
	Mother's Maiden Name <b>Miss Lizzie Glass</b>	Mother's Birthplace <b>Rohersville</b>	
Name of person giving information <b>John Mullendor</b>	How related to deceased <b>Burth</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Tuberculosis</b>	How long <b>10 yrs</b>	
	Immediate <b>Starvation</b>	How long <b>2 weeks</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>C. O. Butler M.D.</b>	
		Address <b>Rohersville Md</b>	
	Accident or Suicide?		

27

J E Linnman & Son

Name  
in  
Full

Flay A. Munna

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kedysville</i>		County <i>Washington Co.</i>		MARYLAND	
Date of death <i>1908 June</i>	Month <i>June</i>	Day <i>13</i>	Years <i>14</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Oliver Munna</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Bessie Wolf</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Oliver Munna</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

76

PHYSICIAN  
OR CORONER

Primary <i>Chronic Purulent Otitis</i>	How long <i>1 yr -</i>
Immediate <i>Meningitis -</i>	How long <i>12 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. C. Wheeler M.D.</i>
	Address <i>Brandsboro</i>
	<i>Washington Co.</i>
Accident or Suicide?	





Name  
in  
Full

Blanch Margaret Poffenberger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1908	Month June	Day 24	Age	Years	Months 7
Sex Female		Color or Race White		Birth-place Williamsport		Days 30	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Charles W. Poffenberger		Father's Birthplace Washington		Mother's Name Mary Hannah Miller		Mother's Birthplace Bridgeton, N.J.	
Name of person giving information C. M. Poffenberger		How related to deceased Father					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Acute Ileos-Colitis.	How long	2 weeks.
Immediate	Exhaustion.	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Ernest H. Galt	
Address		Williamsport Md.	
Accident or Suicide?			

Handwritten text, possibly a list or notes, with several lines of writing. The text is heavily obscured by dark, vertical smudges or ink marks, making it largely illegible. Some faint characters are visible at the top, including what appears to be "ST" and "H".



Name

In Full

Margaret Prechtel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hancock		County Washington Co		MARYLAND	
Date of death		Month	Day	Years	Month	Days	
1908		June	30	Age about 60	unknown unknown		
Sex		Female		Color or Race		white	
Occupation		Hermit		Birth-place		Unknown	
Where Residing if not at place of death		Hancock Md.					
Married, Single or Widowed		Single		Name of Wife or Husband		None	
Father's Name		Unknown				Father's Birthplace	
						Unknown	
Mother's Maiden Name		Unknown				Mother's Birthplace	
						Unknown	
Name of person giving information		George Brooks and sons				How related to deceased	
						Not related	

## CAUSES OF DEATH

169

PHYSICIAN  
OR CORONER

Primary	Supposed Heart Stroke	How long	unknown
Immediate	Unknown	How long	unknown
Are the name, age, sex, color, date and place correctly given above?		Yes for fast death	
Signature of Physician		H. E. Gable	
Address		Hancock	
Accident or Suicide?		Supposed Accident	

note Deceased lived a  
hermit life. She has  
relatives living in Baltimore  
but cannot ascertain whom  
they are, Do H. D. Habley,

Name  
in  
Full

David J. Pry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sharpsburg</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>June</i>	Day <i>9</i>	Age <i>41</i> <small>Years</small>	<i>7</i> <small>Months</small> <i>10</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>near Jefferson Twp. Ind.</i>		
Occupation <i>Merchant</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Amanda Pry</i>				
Father's Name <i>Frank Pry</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Rhoda Harper</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>John Pry</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

65

PHYSICIAN  
OR CORONER

Primary <i>Arterio Sclerosis with Central Softening</i>	How long <i>For about 2 years</i>
Immediate <i>General Paralysis</i>	How long <i>about a week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O. Howell Goodrich</i>
	Address <i>Sharpsburg Md</i>
Accident or Suicide?	

Chas. S. Wade  
undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagers town</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>—</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Walter A. Prossner</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Emma V. Cunningham</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>—</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long <i>5</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Oliver Ragan</i>	
	Address <i>Washington, Md</i>	
Accident or Suicide?		

W  
2766



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

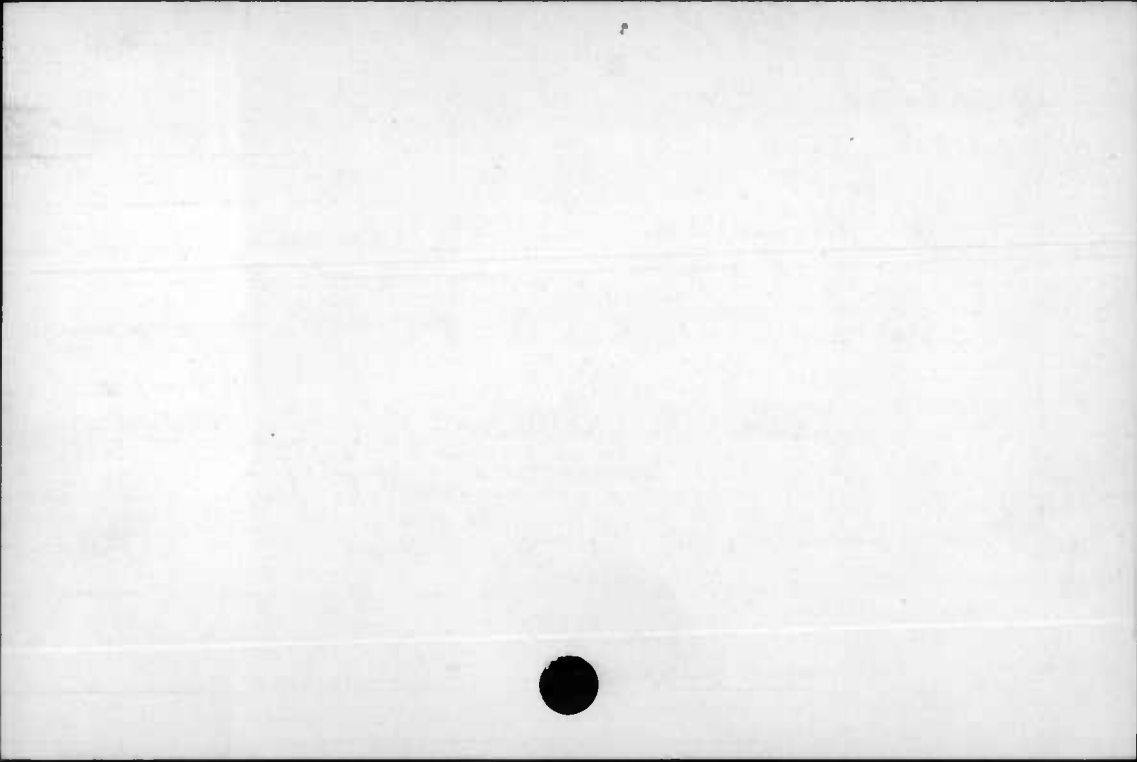
## CERTIFICATE OF DEATH

Died at <i>Milson Dist-</i>		Town <i>Washington Co</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>June</i>	Day <i>17</i>	Age <i>78</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Md</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Milson Dist-</i>						
<del>Married, Single or Widowed</del>	Name of Wife or Husband <i>Ben. Sanders</i>						
Father's Name <i>Unknown a slave</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Lucy Jordan</i>	Mother's Birthplace <i>Md</i>						
Name of person giving information <i>Frank Sanders</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

154

Primary <i>Infirmities of Age</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. M. Ritzell</i>
	Address <i>Health Officer</i>
	<i>6 Clean Spring, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Henry Paul Seibert</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>6</i>		Day <i>8</i>		Years <i>22</i>	
Date of death <i>1908</i>		Months <i>5</i>		Days <i>2</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Bookkeeper</i>		Where Residing if not at place of death <i>Blairsping Liss</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Henry A Seibert</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Abie E Liss</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Elena E Seibert</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis &amp; Pneumonia</i>		How long <i>6-Weeks</i>	
Immediate <i>Heart Failure</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. E. Petrucio</i>	
		Address <i>Hagerstown Md.</i>	
Accident or Suicide? <i></i>			

St. Pauls Church,

2758

Name  
In  
Full

Mary Seiss

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Hagerstown* <sup>County</sup> *Washington* **MARYLAND**

Date of death *1908* <sup>Month</sup> *6* <sup>Day</sup> *9* <sup>Years</sup> *71* <sup>Months</sup> *1* <sup>Days</sup> *19*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *House wife* Where Residing if not at place of death *~~~~~*

Married, Single or Widowed *Widowed* Name of Wife or Husband *William S Seiss*

Father's Name *Samuel Creamer* Father's Birthplace *Md*

Mother's Maiden Name *Hester Harmon* Mother's Birthplace *Md*

Name of person giving information *Harvey Seiss* How related to deceased *Son*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Fatty degeneration* <sup>How long</sup> *2 yrs*

Immediate *Heart Failure from Shock* <sup>How long</sup> *2 min*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. E. Peterson*

Address *~~~~~*

Accident or Suicide? ☐

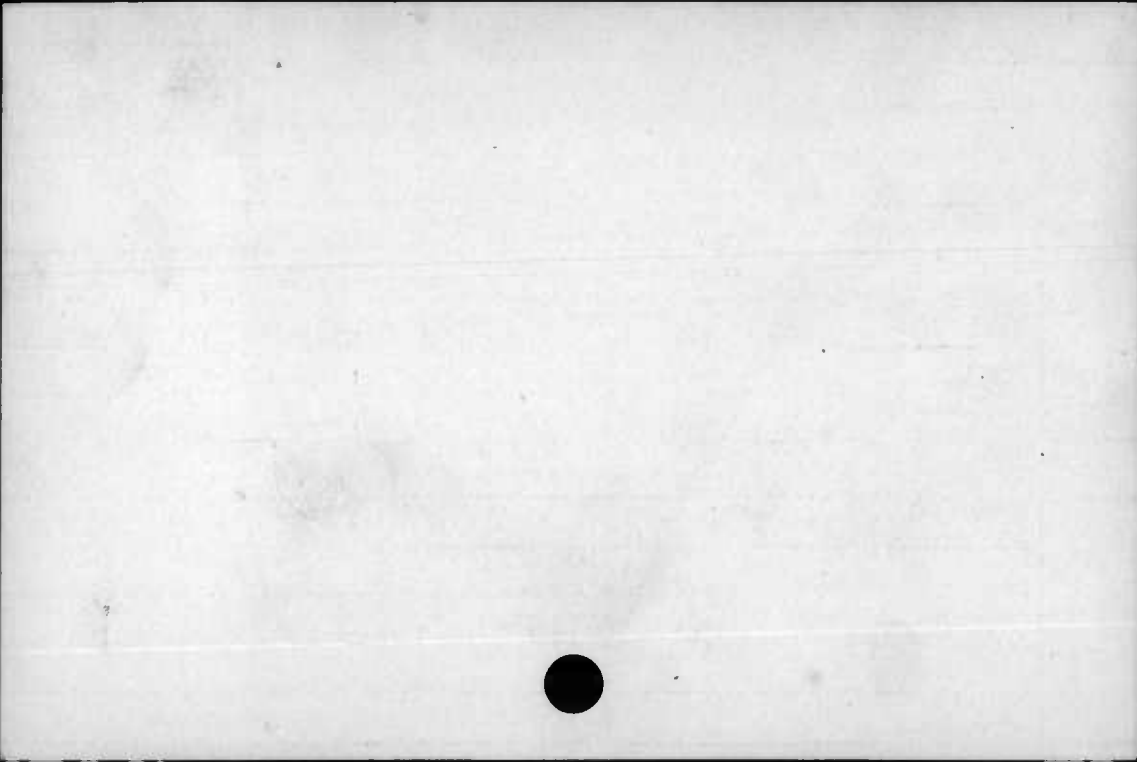
Sharpsburg. Md,

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full <i>Lawrence Stanley Shuford</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		CERTIFICATE OF DEATH	
Died at <i>Hagerstown</i>		State <i>MARYLAND</i>					
Date of death	1908	Month <i>6</i>	Day <i>3</i>	Age <i>5-7</i>	Years <i>3</i>	Months <i>8</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>				
Occupation <i>Prop. Marble Yard</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife <i>Jessie E. Shuford</i>					
Father's Name <i>Mortimer E. Shuford</i>		Father's Birthplace <i>N.C.</i>					
Mother's Maiden Name <i>Lucinda C. Solms</i>		Mother's Birthplace <i>Penna</i>					
Name of person giving information <i>Mortimer Shuford</i>		How related to deceased <i>son</i>					
CAUSES OF DEATH							
Primary <i>Pneumonia</i>		How long <i>4 weeks</i>					
Immediate <i>Heart Failure</i>		How long <i>Immediate</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. A. Gleason</i>					
		Address <i>Hagerstown Md.</i>					
Accident or Suicide?							

93





Name  
in  
Full

Norman P South

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

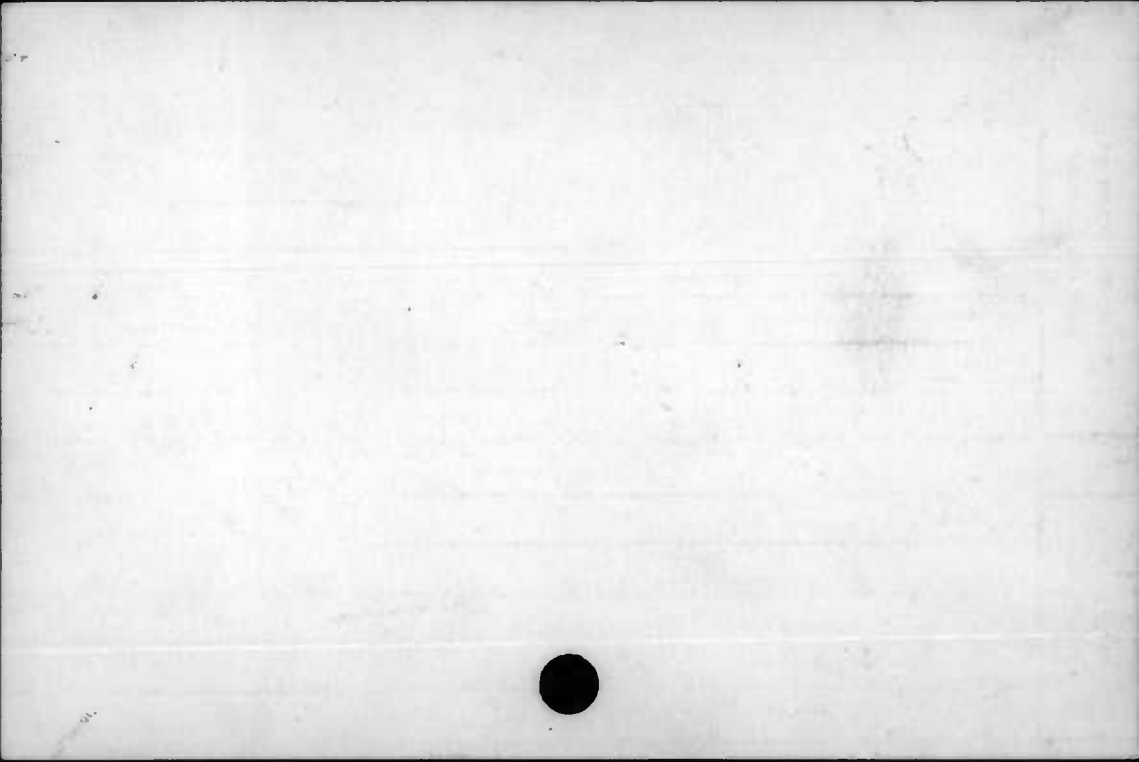
Died at <b>Frankstown</b> <b>Town</b>		<b>Wash.</b> <b>County</b>		<b>MARYLAND</b>	
Date of death <b>1908</b> <b>6</b> <b>20</b> <b>Age</b> <b>52</b>		Months <b>—</b>		Days <b>—</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>md.</b>	
Occupation <b>Merchant</b>		Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>married</b>		Name of Wife <del>Husband</del> <b>Sallie G. South</b>			
Father's Name <b>Jonathan South</b>		Father's Birthplace <b>md.</b>			
Mother's Maiden Name <b>Christiana Shank</b>		Mother's Birthplace <b>"</b>			
Name of person giving Information <b>J. B. South</b>		How related to deceased <b>brother</b>			

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <b>Hemiplegia</b>	How long <b>18 days</b>
Immediate <b>Arterial hemorrhage</b>	How long <b>about 15 minutes</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Dr. H. S. Newcome</b>
	Address <b>Frankstown, Md.</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

*Emmanuel Spessard*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salem</i> Town <i>Washington</i> County		MARYLAND	
Date of death <i>1908</i>	<i>6</i> Month <i>1</i> Day	Age <i>64</i>	Months <i>4</i> Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Ind</i>	
Occupation <i>Retired Farmer</i>	Where Residing if not at place of death <i>Clayton Heights near Hagerstown</i>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Rebecca Herman</i>		
Father's Name <i>Peter Spessard</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Matilda Reed</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Mrs Clayton Hottel</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

**120**

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. P. Miller</i>
	Address <i>Hagerstown Ind</i>
Accident or Suicide? <input type="checkbox"/>	

Coffman

Woodbridge

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Laura B Sprecker

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington

MARYLAND

Date of death 1908 6 9 Age 3-8 Months 3 Days 22

Sex Female Color or Race White Birth-place Md

Occupation House work Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Cleygett Sprecker

Father's Name Benjamine Resh Father's Birthplace Md

Mother's Maiden Name Agnes Pittinger Mother's Birthplace Md

Name of person giving information Cleygett Sprecker How related to deceased Husband

## CAUSES OF DEATH

62

PHYSICIAN  
OR CORONER

Primary Progressive Locomotor Ataxia

How long Chronic

Immediate

How long Chronic

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Geo B. Rife  
Hagerstown Md

Accident or Suicide?

Efficiency  
of Pauls

Name  
in  
Full

Annie Swain

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sharpsburg</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>June</i>	Day	<i>7</i>
Age		<i>48</i>	Years	<i>7</i>	Months
Sex		<i>Female</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>Housewife</i>			
Where Residing if not at place of death		<i>Sharpsburg, Md</i>			
Married, Single or Widowed	<i>Married</i>	Name of Husband	<i>Henry Swain</i>		
Father's Name	<i>James Wilson</i>		Father's Birthplace	<i>Baltimore Md</i>	
Mother's Maiden Name	<i>Jane Moore</i>		Mother's Birthplace	<i>Sharpsburg, Md</i>	
Name of person giving information	<i>Henry Swain</i>		How related to deceased	<i>Husband</i>	

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

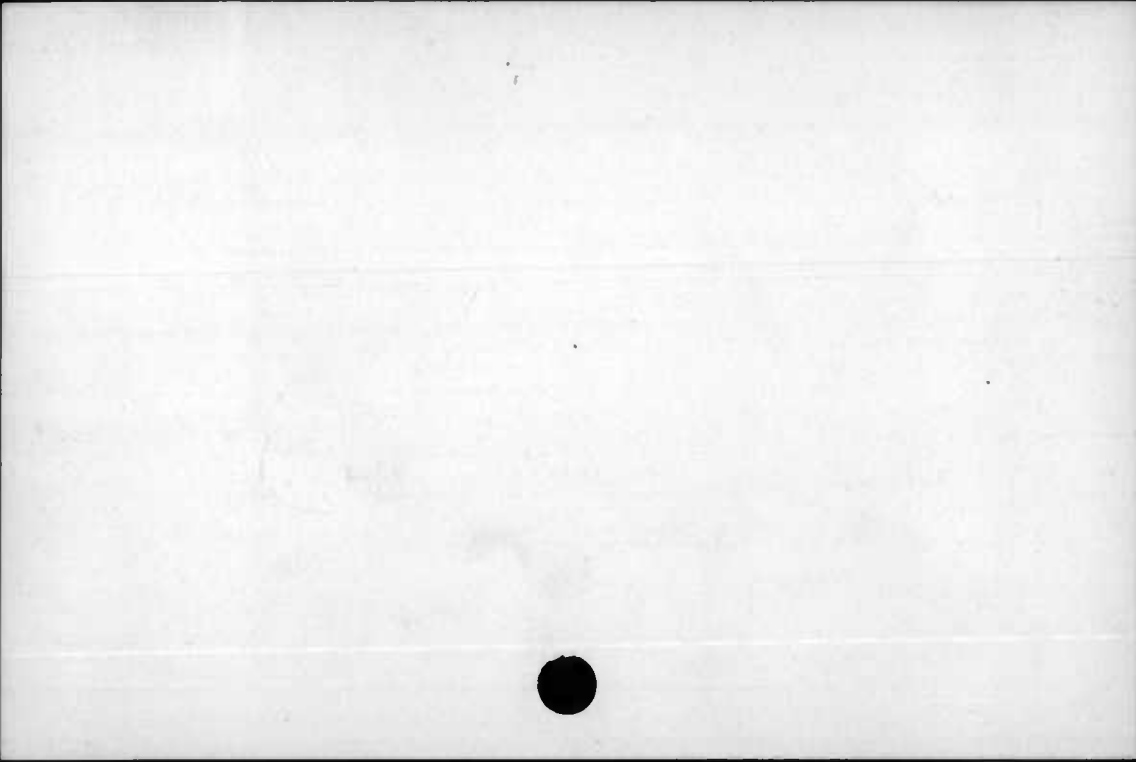
Primary	<i>Paralysis</i>	How long	<i>About one day</i>
Immediate	<i>--</i>	How long	<i>---</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>S. H. Gardner</i>	
		Address	
		<i>Sharpsburg Md-</i>	
Accident or Suicide?			

Chas. S. Wade  
undertaker



Name in Full		Fredene Doyle Seewood				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Blair's Valley		Wade		MARYLAND	
	Date of death	1908	June	15	Age	63	Months 3 Days 4
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farmer		Where Residing if not at place of death		Blair's Valley	
	Married, Single or Widowed	Single		Name of Wife or Husband		Miss Lempower	
	Father's Name	John Seewood		Father's Birthplace		Blair's Valley	
	Mother's Maiden Name	Fate Blair		Mother's Birthplace		" "	
	Name of person giving information	John Seewood		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Intestinal Obstruction				How long	2 days
	Immediate	Heart Failure				How long	3 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. P. Perry
					Address		Clearspring
	Accident or Suicide?						

108



Name  
in  
Full

Mrs Ann A. Tedrick

## CERTIFICATE OF DEATH

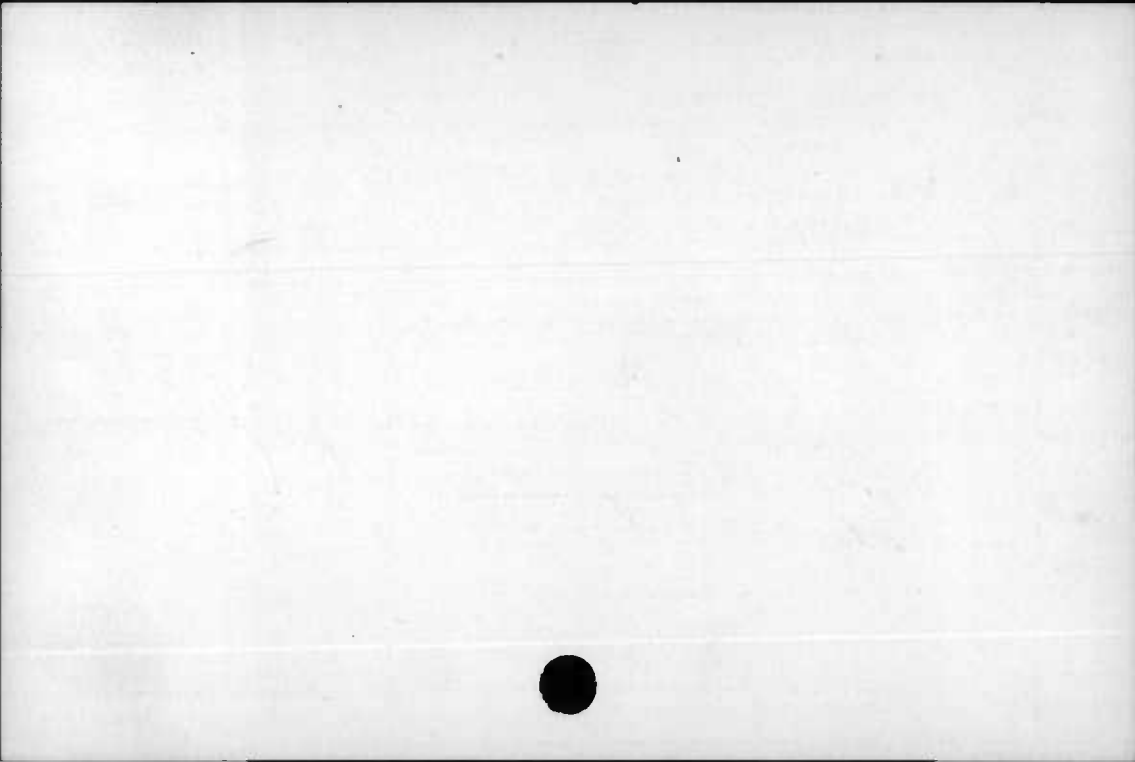
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Big Pool</i> <sup>Town</sup>		<i>Madh</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>June</i>	Day <i>27</i>	Age <i>62</i> Years	Months <i>10</i> Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or <del>Widowed</del>	Name of Wife or Husband <i>Jacob Tedrick</i>				
Father's Name <i>Daniel Tice</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Margaret Moore</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Jacob Tedrick</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Tuberculosis</i>	How long <i>2 yrs.</i>
Immediate <i>Pulmonary Hemorrhage</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. F. C. Foster</i>
	Address <i>Chateaufort</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
no name		Thompson				Wash		MARYLAND			
Died at		Hagerstown				Age		Months		Days	
Date of death		1908		June		1					
Sex		m		Color or Race		W		Birth-place		Hagerstown	
Occupation						Where Residing if not at place of death					
Married, Single or Widowed						Name of Wife or Husband					
Father's Name		not known				Father's Birthplace					
Mother's Maiden Name		Ella Thompson				Mother's Birthplace		ind			
Name of person giving information		J. R. Smith				How related to deceased		none			
		CAUSES OF DEATH				(S)					
Primary		Stomach				How long					
Immediate						How long					
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		W. P. Miller			
						Address		Hagerstown			
Accident or Suicide?								ind			

Funco Town

Name  
in  
Full

Lee W. Ballance

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLAND

Date of death 1908 <sup>Month</sup> 6 <sup>Day</sup> 22 Age <sup>Years</sup> 35 <sup>Months</sup> 4 <sup>Days</sup> 23

Sex Male Color or Race White Birth-place

Occupation Motorman Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary H. Nash

Father's Name Jonathan Ballance Father's Birthplace Pa

Mother's Maiden Name Mary E. Ballance Mother's Birthplace Pa

Name of person giving information Mary E. Ballance How related to deceased Wife

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary Gastric & Duodenal Carcinoma How long 6 Months

Immediate " " How long

Are the name, age, sex, color, date and place correctly given above? g m

Signature of Physician W. F. Miller

Address Hagerstown Md

Accident or Suicide?

W-  
2768



Name  
in  
Full

Edna Pearl Weber

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Mangansville* *Washington* County

Date of death *1908* *June* *8* *Age* *2* *Months* *9* *Days*

Sex *female* Color or Race *W* Birth-place *Mangansville*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Henry B Weber* Father's Birthplace *Mangansville*

Mother's Maiden Name *Rosy W Brunk* Mother's Birthplace *Hannoverburg*

Name of person giving information *Henry B Weber* How related to deceased *father*

CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary *Bronchitis* How long *2 wks*

Immediate *Congestion of Lung* How long *15 hrs*

Are the name, age, sex, color, date and place correctly given above? *y*

Signature of Physician *A. D. Stauffer*

Address *Hagerstown, Md.*

Accident or Suicide?

Menonite Church, MS,  
June. 9 - 2757

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

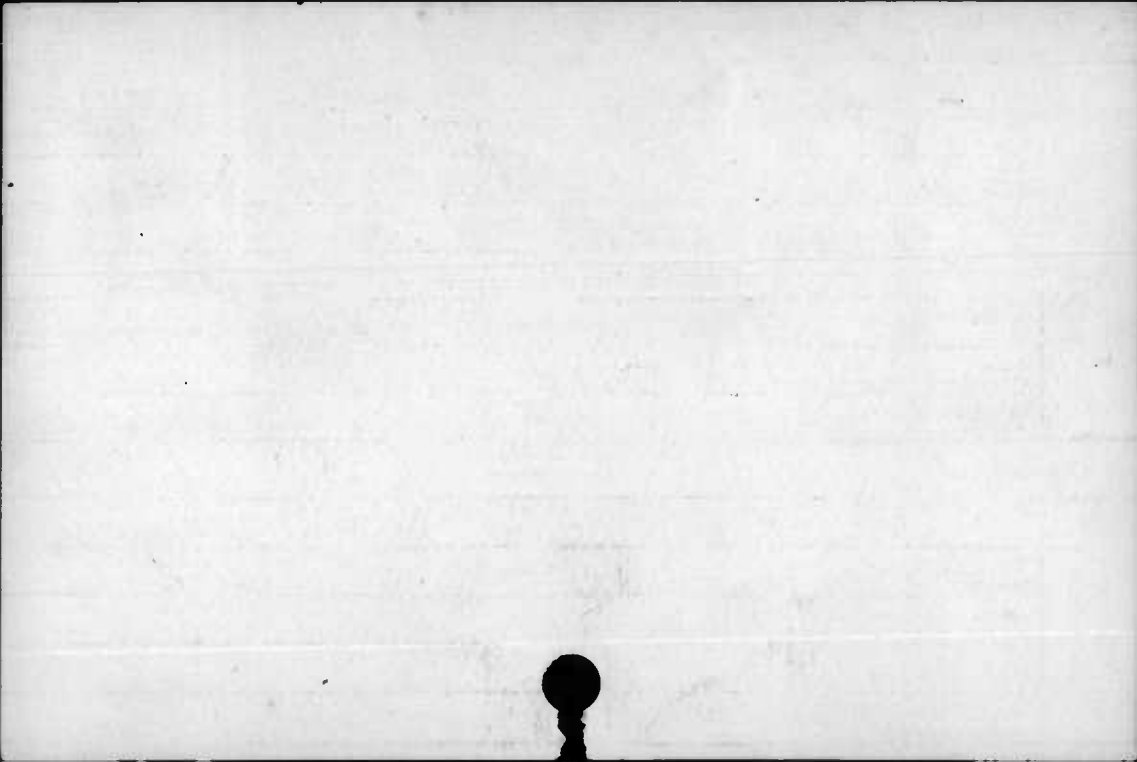
Name In Full <i>Matilda P. Wiebel</i>		Town <i>Heagertown</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Heagertown</i>		Month <i>6</i>		Day <i>29</i>		Age <i>55</i>	
Date of death <i>1908</i>		Month <i>6</i>		Day <i>29</i>		Months <i>7</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>md.</i>		Days <i>217</i>	
Occupation <i>H. W.</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>married</i>		Name of <del>Wife or</del> Husband <i>Levis A. Wiebel</i>					
Father's Name <i>Joseph C. Copen</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Catherine Fox</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving In formation <i>L. H. Wiebel</i>		How related to deceased <i>husband</i>					

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary <i>Diabetes</i>	How long <i>5 months</i>
Immediate <i>Exhaustion</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. W. Pagan</i>
	Address <i>Heagertown, Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full		Robert M. Wilson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near <sup>Town</sup> Ponds ville		<sup>County</sup> Wash.		MARYLAND	
	Date of death		1908	Month 6	Day 10	Age 68	Years 3	Days 17
	Sex		male		Color or Race		white	
	Birth-place				Md.			
	Occupation		Retired Merchant		Where Residing if not at place of death			
	Married, Single or Widowed		widower		Name of Wife <sup>Husband</sup>		Clara Wilson	
	Father's Name		John Wilson		Father's Birthplace		Penna.	
	Mother's Maiden Name		Ellen Cross		Mother's Birthplace		Md.	
Name of person giving information		Anna E. Wilson		How related to deceased		daughter.		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Bronchitis		How long		3 months	
	Immediate		Emphysema		How long			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. P. Haffer	
					Address		Hagerstown, Md.	
	Accident or Suicide?							

Smithburg Md,

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Name in Full		Town		County		STATE	
Still born child of W. R. & Nellie Wright		Hagerstown		Wash		MARYLAND	
Died at		Date of death		Age		Where Residing if not at place of death	
1908		Month 6		Day 23		Months — Days —	
Sex		Color or Race		Birth-place			
male		white		Md.			
Occupation		Married, Single or Widowed		Name of Wife or Husband		Father's Name	
		single				Wm. R. Wright	
Father's Name		Mother's Maiden Name		How related to deceased		Father's Birthplace	
Wm. R. Wright		Nellie Rousculp		father		Md.	
Name of person giving information		W. R. Wright				Mother's Birthplace	
						"	
						How long	
						How long	
						Are the name, age, sex, color, date and place correctly given above?	
						Yes	
						Signature of Physician	
						S. H. Mustat	
						Address	
						Hagerstown	
						Md.	
						Accident or Suicide?	

Enter



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>21</i>	Age <i>87</i>	Years	Months <i>5</i>	Days <i>6</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>38 E. Franklin St</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Samuel Yeakle</i>						
Father's Name <i>Fredrick Ibborn</i>	Father's Birthplace <i>Pennsylvania</i>						
Mother's Maiden Name <i>Magdalene Sellers</i>	Mother's Birthplace <i>Virginia</i>						
Name of person giving information <i>Wallace Ibborn</i>	How related to deceased <i>Nephew</i>						

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	
Immediate	<i>Exhaustion</i>	How long	<i>Several months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. H. H. Raggs</i>
		Address	<i>Hagerstown</i>
Accident or Suicide?	<i>No</i>		

W  
2767

Name  
in  
Full

Beulah Adaline Yorker

## CERTIFICATE OF DEATH

Died at		Town Millsboro		County wash		MARYLAND	
Date of death		1908	Month June	Day 27	Age 17	Years 0	Months 7
Sex	Female		Color or Race	white		Birth-place	md
Occupation	Help mother		Where Residing if not at place of death		Home		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Jacob Yorker				Father's Birthplace	Ind.	
Mother's Maiden Name	Jane Shoemaker				Mother's Birthplace	Ind.	
Name of person giving information	Father				How related to deceased	Father	

## CAUSES OF DEATH

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PHYSICIAN OR CORONER	Primary	Pharyngeal Abscess		How long	2 weeks
	Immediate	Exhaustion		How long	1 week
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
	Accident or Suicide?		no	Address F Hancock md	

RECEIVED  
FEBRUARY 2 1960

RECEIVED  
FEBRUARY 2 1960

100

CAUSE OF DEATH



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Unknown</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>6</i>	Day <i>10</i>	Age <i>65</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carmel Co</i>		
Occupation <i>Domestic Housewife</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>		Mother's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>Not Known</i>	Name of person giving information <i>Not Known</i>		How related to deceased <i>Not Related</i>		

CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>—</i>
Immediate <i>Suppered by Indigestion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. Z. Morgan</i>
<i>Yes</i>	Address <i>Frederick</i>
Accident or Suicide? <i>Not Known</i>	<i>Not Known</i>

